

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000732

1. Entity Name

OAKHURST PROFESSIONAL PARK PROPERTY OWNERS' ASSO

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90038 036 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1309 SE 25 LOOP
SUITE 103
OCALA FL 34471
US

Mailing Address

1309 SE 25 LOOP
SUITE 103
OCALA FL 34471
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3538510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRINEAU, DIANE
1309 SE 25 LOOP
SUITE 103
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME DANIELS, JOHN P
STREET ADDRESS 1309 SE 25 LOOP, SUITE 102
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME KIRKPATRICK, KENNETH
STREET ADDRESS 1320 SE 25 LOOP #101
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BARRINEAU, REGINALD M
STREET ADDRESS 1309 SE 25 LOOP, SUITE 103
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BARRINEAU, HAL
STREET ADDRESS 2100 SE 17 ST., STE 802
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 352 422 3133

Date

Daytime Phone #

CR2E037 (10/00)